

PERMIAN BASIN AREA FOUNDATION
Frank Cowden Jr. Memorial Scholarship

**Applicant
Data**

Last Name _____ First Name _____ Initial _____

Permanent Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone(____) _____ Cell(____) _____ Email _____

High School Name _____ Graduation Date _____

**College
Data**

College you are attending _____

College activities and honors (please list)

Community activities (please list)

**Other
Scholarships**

List other scholarships or financial aid you have applied for along with their status:

1) _____ Amount _____ Awarded #Pending Denied

2) _____ Amount _____ #Awarded Pending #Denied

3) _____ Amount _____ Awarded Pending Denied

Permian Basin Area Foundation
Frank Cowden, Jr. Memorial Scholarship Application - Continued

Family Data Parent/Guardian Name(s) _____ Phone(____) _____
Address if different from applicant _____
Father's occupation _____ Employer _____
Mother's occupation _____ Employer _____
Number of dependents other than student supported by Parents _____ Ages _____
Number of other college age students supported by Parents _____

Financial Data Family's Yearly Income
Less than \$40,000 \$40,001 - \$80,000 \$80,001 - \$120,000 \$120,001 and Above

Are you currently employed? Yes No Employer _____

Are you planning on working while attending school? Yes No

Where do you plan to live while in college?
Dormitory Apartment Family Other (please list) _____

Please explain if there are any other extraordinary family expenses or reasons why you need this scholarship.

(If additional space is needed please attach a separate sheet of paper)

Mandatory Attachments Prepare a one page essay focusing on how the rank of Eagle Scout has benefitted you in your college career.

A copy of your final high school transcript and a copy of your college school transcript which includes fall semester grades.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

I certify the above is true and correct to the best of my knowledge, and grant permission to verify the information contained in this application.

Signature _____ Date _____

Signature of Parent or Guardian _____

Return completed application to:
Permian Basin Area Foundation
200 North Loraine, Suite 500
Midland, Texas 79701

By: March 31